Hazardous Waste Site or Facility Bond To Demonstrate Closure And/Or Postclosure Care

Date bond executed:		Effective Date:	
	(insert date executed)	(insert effect	ive date)
Principal: (insert legal name o	and business address of owner or ope	rator)	
Type of organization:			
	(insert "individual," "joint ve "association," or "d		
Commonwealth/State of incor	rporation:		
	(insert state i incorpora		
EPA Identification Number:			
	(insert EPA identification nu	mber)	
Closure and/or postclosure am	nount(s) for the facility guaranteed by	this bond are:	
Closure Bond Amount:	\$		
Closure Bolld Allount.	(insert amount of closure bo		
Postclosure Bond Amount:	\$		
	(insert amount of postclosure	bond)	
Total Penal Sum:	\$		
	(insert total amount of bor	1d)	
	the above penal sum for the paymer	is firmly bound to the Energy and Int of which it binds itself, its heirs, executed	
The above sum is her	rewith deposited with the Cabinet's	Division of Waste Management by an	d through its Escrow
Agent	·	as a guarantee	that the Principal will
comply with all applicable l	(insert name of Escrow agent) laws, rules, and regulations regarding	g closure and/or postclosure for the fol	llowing facility(ies)
	(insert names of f	facility(ies))	

Whereas, said Principal is required under Kentucky Revised Statutes Chapter 224 to have a permit or permits, or interim status, in order to own or operate each hazardous waste site or facility(ies) identified above; and

Whereas, said Principal is required to provide financial assurance for closure, or closure and postclosure care, as a condition of the permit or interim status.

The condition of this obligation is such that if the Principal shall faithfully perform all the requirements of the applicable laws, rules and regulations, then this obligation shall be released; otherwise, it is agreed that said penal sum shall be paid to the Commonwealth of Kentucky, Energy and Environment Cabinet, upon receipt of an Order of the Secretary of the Cabinet.

The persons whose signatures appear below hereby certify that they are authorized to execute this bond on behalf of the Principal.

Principal

Signatures:			
(Authorized signature fo	or Principal)		
(Typed name of sig	gnatory)		
(Typed title of sign			
(Typed name of Pr			
(Authorized signature fo	or Principal)		
(Typed name of sig			
(Typed title of sign			
(Typed name of Pr		(Corporate seal)	
Subscribed and sworn to before me by			
		me of Principal(s))	
this the d	ay of	,	Tr.
(insert date)	(insert month)	(insert year)	
Notary Public:			
	nature of Notary Public)		
My Commission expires:			
	(insert day, month, and year commission expiration)	of	
DEP-6035I, effective 2/10/94			
(Note: Use of this form is required by 401	KAR 34:080.)		
(Note: This form must be accompanied by 34:080.)	v the Escrow Agreement, form nu	umber DEP-6035J,	are required in 401 KAR